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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/988,455	11/20/2001	Ralph Gritzbach	269/142	8849
28204 7590 02/27/2007 SIEMENS SCHWEIZ AG 1-47, INTELLECTUAL PROPERTY ALBISRIEDERSTRASSE 245 ZURICH, CH-8047 SWITZERLAND			EXAMINER COBANOGLU, DILEK B	
			ART UNIT 3626	PAPER NUMBER
SHORTENED STATUTORY PERIOD OF RESPONSE		MAIL DATE	DELIVERY MODE	
3 MONTHS		02/27/2007	PAPER	

Please find below and/or attached an Office communication concerning this application or proceeding.

If NO period for reply is specified above, the maximum statutory period will apply and will expire 6 MONTHS from the mailing date of this communication.

## Office Action Summary

**Application No.**

09/988,455

**Applicant(s)**

GRITZBACH ET AL.

**Examiner**

Dilek B. Cobanoglu

**Art Unit**

3626

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

**Period for Reply**

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

**Status**

- 1) ☒ Responsive to communication(s) filed on 13 December 2006.
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

**Disposition of Claims**

- 4) ☒ Claim(s) 1-13 and 15-18 is/are pending in the application.
- 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.
- 5) ☐ Claim(s) \_\_\_\_\_ is/are allowed.
- 6) ☒ Claim(s) 1-13 and 15-18 is/are rejected.
- 7) ☐ Claim(s) \_\_\_\_\_ is/are objected to.
- 8) ☐ Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

**Application Papers**

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on \_\_\_\_\_ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
- Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
- Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

**Priority under 35 U.S.C. § 119**

- 12) ☒ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☒ All b) ☐ Some \* c) ☐ None of:
1. ☒ Certified copies of the priority documents have been received.
2. ☐ Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.
3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

**Attachment(s)**

- 1) ☒ Notice of References Cited (PTO-892)
- 2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
- 3) ☒ Information Disclosure Statement(s) (PTO/SB/08)  
Paper No(s)/Mail Date 11/20/2001.
- 4) ☐ Interview Summary (PTO-413)  
Paper No(s)/Mail Date. \_\_\_\_\_.
- 5) ☐ Notice of Informal Patent Application
- 6) ☐ Other: \_\_\_\_\_.

### DETAILED ACTION

1. This communication is in response to the Request for Continued Examination (RCE) received 12/01/2006. Claims 14, 19-20 have been cancelled. Claims 1-13, 15-18 are still pending.

#### ***Claim Rejections - 35 USC § 103***

2. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

3. Claims 1-13, 15, 16, 18 are rejected under 35 U.S.C. 103(a) as being unpatentable over Peifer et al. (hereinafter Peifer) (U.S. Patent No. 5,987,519) and Oba (U.S. Patent No. 5,038,800) further in view of Zaitzu et al. (hereinafter Zaitzu) (U.S. Patent Publication No. 2002/0013551 A1).

A. Claim 1 has been amended now to recite a computerized medical diagnosis management system allowing a central operator to monitor and control two or more diagnosis instruments, comprising:

(a) a central computer system comprising a data processor (Peifer; col. 3, lines 36-40);

(b) at least one data interface operatively coupled to the data processor and configured to receive data from the two or more diagnosis instruments

located at remote patient sites (Peifer; col. 3, line 66 to col. 4, line 3, col. 6, lines 37-40), wherein each diagnosis instrument is configured for displaying measurement data and/or diagnosis data on a local monitor allowing a local operator to monitor the diagnosis instrument at a patient site during a patient's examination;

Peifer fails to expressly teach displaying measurement data and/or diagnosis data on a local monitor. However, this feature is well known in the art, as evidenced by Oba.

In particular, Oba discloses displaying measurement data and/or diagnosis data on a local monitor (Oba; abstract, col. 2, lines 54-56 and fig.2).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Oba with the motivation of displaying output on a bedside monitor (col. 3, lines 12-15).

(c) an input unit operatively coupled to the data processor and configured to select a diagnosis instrument from the two or more diagnosis instruments and to generate a control code for the selected diagnosis instrument (Peifer; col. 3, line 66 to col. 4, line 13), when a control instruction for actively controlling the selected diagnosis instrument is entered by the central operator through the input unit to enable active intervention by the central operator during a patient's examination; and

Peifer fails to expressly teach actively controlling the selected diagnosis instrument, per se, since it appears that Peifer is more directed to a medical device interface of video and voice (Peifer; abstract and col. 4, lines 8-13). However, this feature is well known in the art, as evidenced by Zaitzu.

In particular, Zaitzu discloses an actively controlling the selected diagnosis instrument (Zaitzu; abstract, paragraphs 0018, 0019, 0057 and 0075).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Zaitzu with the motivation of the operator make decisions (par. 0018) and correcting the errors (par. 0074 and 0075).

(d) a display unit operatively coupled to the data processor and configured to display the received data simultaneously or successively (Peifer; col. 4, lines 46-55) to allow the central operator to monitor and control the two or more diagnosis instruments during patient examinations, wherein the data interface automatically forwards the control code to the selected diagnosis instrument (Peifer; col. 3, line 66 to col. 4, line 13).

B. As per claim 2, Peifer et al. discloses a system as claimed in claim 1, wherein the data interface is a software module configured to access the diagnostic

instruments based on addressing information for each diagnostic instrument (Peifer; col. 3, lines 60-65 and col. 4, lines 8-13).

C. As per claim 3, Peifer et al. discloses a system as claimed in claim 1, wherein the data interface is configured as an Internet interface (Peifer; col. 3, lines 44-51).

D. As per claim 4, Peifer et al. discloses a system as claimed in claim 1, wherein the system is configured to receive data from at least two diagnosis instruments that transmit data in dissimilar formats (Peifer; col. 3, lines 40-44 and col. 3, line 66 to col. 4, line 3).

E. As per claim 5, Peifer et al. discloses a system as claimed in claim 1, wherein the system is configured to receive data from a diagnosis instrument mounted on a mobile platform (Peifer; col. 5, lines 40-43).

F. As per claim 6, Peifer et al. discloses a system as claimed in claim 1, wherein the display unit displays the measurement data and/or diagnosis data in the same way as the local monitor of the diagnosis instrument (Peifer; col. 4, line 57 to col. 5, line 1).

G. As per claim 7, Peifer et al. discloses a system as claimed in claim 1, wherein the system is configured to replicate an operating console of the diagnosis instrument in response to the control instruction (Peifer; col. 1, lines 47-59).

H. As per claim 8, Peifer et al. discloses a system as claimed in claim 1, wherein the diagnosis management system is configured to control the diagnosis

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instrument in real time via user instructions delivered at the input unit (Peifer; col. 4, lines 46-56).

I. As per claim 9, Peifer et al. discloses a system as claimed in claim 1, further comprising an acoustic input device configured to pick up a voice signal spoken at the site of the input unit of the diagnosis management system, wherein the data processor sends the voice signal to a selected medical diagnosis instrument (Peifer; col. 4, lines 24-46 and Fig. 2).

J. As per claim 10, Peifer et al. discloses a system as claimed in claim 1, wherein the system is configured to receive image data from at least one camera installed at the site of one of the diagnosis instruments, and wherein the data interface is configured for recording the image data (Peifer; col. 4, lines 24-46 and Fig. 2).

K. As per claim 11, Peifer et al. discloses a system as claimed in claim 1, wherein the system is configured to receive data from the diagnosis instruments in real time or to receive stored data from the diagnosis instruments (Peifer; col. 4, lines 46-56).

L. Claim 12 is now amended to recite a computerized method for managing two or more medical diagnosis instruments located at remote patient sites, comprising:

(a) receiving at a central computer system measurement data and/or diagnosis data from the remotely located diagnosis instruments in real time (Peifer; col. 3, line 66 to col. 4, line 13, col. 4, lines 57-63);

- (b) presenting to a central operator the measurement data and/or diagnosis data simultaneously or successively on a display unit operatively coupled to a data processor of the central computer system to allow the central operator to monitor the remotely located diagnosis instruments(Peifer; col. 3, line 66 to col. 4, line 13, col. 4, line 65 to col. 5, line 1);
- (c) selecting a diagnosis instrument for active control by the central operator when the central operator enters an input into the data processor (Peifer; col. 4, lines 66 to col. 5, line 13);
- (d) converting the entered input into a control code for the selected diagnosis instrument to enable active intervention by the central operator during a patient's examination;(Peifer; col. 4, lines 66 to col. 5, line 13);
- (e) forwarding the control code in real time from the central computer system to the selected diagnosis instrument (Peifer; col. 4, line 66 to col. 5, line 13); and
- (f) displaying the measurements data and/or diagnosis data received from one of the diagnosis instruments on the display unit in the same way as on a monitor locally available to the diagnosis instrument thereby allowing a local operator to monitor the diagnosis instrument at a patient site during a patient's examination.

The obviousness of modifying the teaching of Peifer to include displaying measurement data and/or diagnosis data on a local monitor



(as taught by Oba) is as addressed above in the rejection of claim 1 and incorporated herein.

M. As per claim 13, Peifer discloses a computerized method as claimed in claim 12, further comprising receiving data in dissimilar formats from at least two diagnosis instruments and processing the dissimilar format data for display in a standardized format (Peifer; col. 3, lines 40-44 and col. 3, line 66 to col. 4, line 3).

N. As per claim 15, Peifer et al. discloses a computerized method as claimed in claim 12, further comprising controlling the diagnosis instrument in real time via user instructions delivered at an input unit operatively coupled to the central computer system (Peifer; col. 4, lines 46-56).

O. As per claim 16, Peifer et al. discloses a computerized method as claimed in claim 12, further comprising receiving an operator voice signal and sending the voice signal to the site of the selected medical diagnosis instrument (Peifer; col. 4, lines 24-46 and Fig. 2).

P. As per claim 18, Peifer et al. discloses a computerized method as claimed in claim 12, further comprising the central computer system receiving and recording image data from at least one camera located at a diagnosis instrument site (Peifer; col. 4, lines 24-46 and Fig. 2).

***Claim Rejections - 35 USC § 103***

4. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the

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invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

5. Claim 17 is rejected under 35 U.S.C. 103(a) as being unpatentable over Peifer et al. (hereinafter Peifer) (U.S. Patent No. 5,987,519), Oba (U.S. Patent No. 5,038,800) and Zaitzu et al. (hereinafter Zaitzu) (U.S. Patent Publication No. 2002/0013551 A1) further in view of Surwit et al. (hereinafter Surwit) (U.S. Patent No. 6,024,699).

A. As per claim 17, Peifer et al. discloses a computerized method as claimed in claim 12.

Peifer et al. fails to expressly teach the central computer system receiving stored data saved earlier locally at one of the medical diagnosis instruments and presenting the data on the display unit. However, this feature is well known in the art, as evidenced by Surwit. In particular, Surwit discloses a central computer system receiving stored data saved earlier locally at one of the medical diagnosis instruments (Surwit, col. 3, lines 25-32) and presenting the data on the display unit (Surwit, col. 3, lines 50-53).

It would have been obvious to one having ordinary skill in the art at the time of the invention to have combined the communicating video, voice and medical data between a central monitoring station and a patient monitoring station with the central computer system receiving stored data saved earlier locally at one of the medical diagnosis instruments with the motivation of central data processing system to obtain and analyze the

obtained patient data, and to identify medical conditions requiring medical attention (Surwit, col. 2, lines 49-52).

### ***Response to Arguments***

6. Applicant's arguments with respect to claims 1-13 and 15-18 have been considered but are moot in view of the new ground(s) of rejection.

### ***Conclusion***

7. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure. The cited but not used prior arts teach Remote ECG monitoring system 3986498 A, Apparatus for monitoring and signalling system 4259548 A, Home medical surveillance system 4838275 A, Home medical system and medical apparatus for use therewith 5339821 A, Home health care system which employs a two-way community antenna television network to permit communication between a doctor and patients at different locations 5434611 A, Programmable monitoring system and method 5438607 A, Ambulatory patient health monitoring techniques utilizing interactive visual communication 5441047 A, Ambulatory patient health monitoring techniques utilizing interactive visual communication 5544649 A, Intelligent remote visual monitoring system for home health care service 5553609 A, Patient monitor and support system 5558638 A, Medical alert distribution system with selective filtering of medical information 5576952 A, Delivery of medical services using electronic data communications 5619991 A, Portable patient monitor reconfiguration system 5640953 A, Flexible patient monitoring system featuring a multiport transmitter 5687734 A, Remote site medical

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intervention system 5810747 A, Computer-based surgical services management system 5842173 A, Medical care schedule and record aiding system and method 5913197 A, Patient monitor for determining a probability that a patient has acute cardiac ischemia 20020133087.

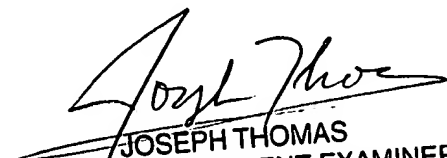
8. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Dilek B. Cobanoglu whose telephone number is 571-272-8295. The examiner can normally be reached on 8-4:30.

9. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 571-272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

10. Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

DBC

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JOSEPH THOMAS  
SUPERVISORY PATENT EXAMINER